

# INFORMATION TO PROVIDE TO 9-1-1:

- Full name or “nickname”? Which name is he/she most likely to respond to?
- Age, date of birth, physical description, (scars, tattoos, etc.)
- **Photograph**
- Language of origin and language most likely to respond to
- Relationship of reporter to the missing person
- Time/place of last known location
- Clothing worn when last seen
- Results of initial search by family/friends
- History of similar events? If yes, where was the person found?
- Current medical conditions and medications – is the person at risk for a medical emergency if a dose is missed?
- Is the person wearing “medical alert” jewelry or an electronic locator device?
- Which door or window did the person leave from?
- Are there familiar locations nearby? Church? Former workplace? Favorite coffee shop?
- Would the missing person be drawn to a nearby “landmark”?
- Does he/she fear (or dislike) crowds, dogs, uniforms, loud noises?
- Is the missing person likely to walk toward or away from the sun? Toward or away from water?
- Does the person have a close friend or confidant who might be able to provide information on possible whereabouts (perhaps based on prior conversations with the person)?



## If DRIVING, add:

- Make, model, year and color of vehicle
- License Plate Number/Letters
- Estimate of amount of fuel in vehicle
- Whether patient has credit card/cash to purchase more fuel
- If he/she has a cellular phone: phone number: \_\_\_\_\_



## FOR ADDITIONAL INFORMATION:

Florida Sheriffs Association 800-877-2168

Florida Police Chiefs Association 850-219-3631

Bureau of Justice Assistance-U.S. Department of Justice  
www.bja.gov

Regional Memory Disorder Centers – List of Centers available at:  
www.elderaffairs.state.fl.us/doea/alz.php

## THE FLORIDA SILVER ALERT A BRIEF HISTORY

On October 8, 2008, Governor Charlie Crist signed Executive Order 08-211 enacting the Florida Silver Alert program which allows the immediate broadcast of information to the public regarding missing elders with dementia or other cognitive impairment, who are driving a vehicle or lost on foot.

The Florida Silver Alert became state law during the 2011 state legislative session; the law is found in Florida Statutes 937.021 and 937.0201.

### SILVER ALERT vs. LOST ON FOOT, SILVER ALERT

The current Silver Alert program is designed to aid law enforcement in the rescue of persons with Alzheimer’s disease or related neurocognitive disorder, who are driving a vehicle, by broadcasting important information to the public.

The Lost on Foot Silver Alert protocol is designed to facilitate the rescue of persons with Alzheimer’s disease or related neurocognitive disorders who have “eloped” from a supervised setting with family or friends, or from an adult day center, assisted living facility or skilled nursing home.

Silver Alert legislation allows law enforcement to share information about the missing person with local media outlets, other law enforcement agencies, the community, local Alzheimer’s organizations, Aging and Disability Resource Centers (ADRC’s), State of Florida Memory Disorder Clinics, Florida Department of Elder Affairs.

### FLORIDA SILVER ALERT COORDINATION & SUPPORT PROJECT TASK FORCE

211 Brevard County  
211 Broward County  
211 Palm Beach/Treasure Coast  
Agency for Health Care Administration  
Alzheimer’s Community Care  
Broward Health North  
Carlin Rogers Consulting LLC  
Florida Assisted Living Association  
Florida Department of Children and Families  
Florida Department of Elder Affairs

Florida Department of Law Enforcement  
Florida Highway Patrol  
Palm Beach County Sheriff’s Office  
Plantation Police Department  
Nina M. Silverstein Ph. D.  
Safety Net by LoJack  
St. Lucie County Sheriff’s Office  
Switchboard Miami, Inc.



### LOST ON FOOT SILVER ALERT GRANT



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Department of Elder Affairs  
Administered by: Broward Health North  
Subcontractor: Alzheimer’s Community Care

# Florida has a Silver Lining: The Florida Silver Alert



## Family Risk Guide

### PURPOSE OF THE “Silver Alert”:

To aid law enforcement in the rescue and recovery of a missing person who suffers from Alzheimer’s disease or a related disorder, and is “lost on foot”, or missing while driving a vehicle.

### PURPOSE OF THE FAMILY RISK GUIDE:

To prepare families to be alert that **60 – 70%** of persons suffering with a neurocognitive disorder will wander at least once during the disease process.

“Adopting the identified steps in the Guide will mitigate a potentially life-ending event”  
(Alzheimer’s Community Care)

- Of those missing more than 72 hours, only 20% survive.
- The first 6 hours a person is missing are the most critical, requiring law enforcement assistance to be found alive.

### SILVER ALERT CRITERIA

- The missing person is 60 years or older and there is a clear indication that the individual has an irreversible deterioration of intellectual faculties (for example, Alzheimer’s disease).
- This must be verified by law enforcement.
- Extraordinary circumstances: 18 to 59 years of age with irreversible deterioration of intellectual faculties, verified by law enforcement.

### RECOGNIZING THE RISK

The risk of wandering and becoming lost on foot, or in a vehicle for a loved one with Alzheimer’s disease is substantial! It is vital to view this risk as a matter of “WHEN” (not “IF”)!

[www.FloridaSilverAlert.com](http://www.FloridaSilverAlert.com)

## STRATEGIES FOR CAREGIVERS

- Obtain a quality diagnosis for your loved one's symptoms of dementia.
- Ensure that any reversible causes are evaluated and treated.  
**Examples:** depression, hypothyroidism, underlying infection or illness
- Seek this evaluation at the **earliest possible stage.**
- Obtain referrals for appropriate treatments and clinical trials



## POSSIBLE "TRIGGERS" FOR WANDERING

- Hat/jacket/shoes/umbrella/keys located and visible near exit doors
- Fear, anxiety, agitation
- Inability to locate bathroom, bedroom activity ("day") room, dining room
- Overstimulation – noise, lights, many visitors
- Wanting to "go to work" or "go to church" or "go home" (even when home)
- Relocation stress – change in living arrangements
- Change in family caregiver
- Conflicts with family members
- Onset of an illness or infection **Example:** urinary tract infection, pneumonia



## PREVENTIVE STRATEGIES

- Use the "Elopement Risk Guide" to identify your loved one's risk for wandering
- Identify favorite activities and have these available (puzzles, word games, photos)
- Provide opportunities for "success" and "recognition" (fold laundry, set the table)
- Employ the appropriate electronic wandering device  
**Example:** Electronic Locator Bracelet – "SafetyNet by LoJack"
- Identification "jewelry" (may show name, address, phone, medical conditions)
- Add additional locks to exit doors
- Add "soft alarms" or chimes to exit doors
- Seek prompt **medical attention** when you observe "early changes" such as he/she:
  - just seems "different"
  - is talking less than usual
  - is eating/drinking less than usual
  - is not participating in activities he/she generally enjoys
  - needs more help than usual to get in/out of chair, to toilet, to dress, etc.
  - has a sudden weight change (up or down)



**Always bring ALL prescription medications AND supplements** the patient takes to medical appointments. The physician must **see everything the patient takes in order to evaluate side effects and interactions that may be affecting behavior.**

## ADDRESSING BEHAVIORS

- Anxiety, agitation, restlessness
- Increased confusion, forgetfulness
- Combativeness, aggression
- Hallucinations, delusions, paranoia
- Wandering, pacing, "exit-seeking"



## The above behaviors may occur due to unmet needs:

- Fear (provide reassurance)
- Pain (possible illness/infection—such as urinary tract infections, pneumonia, worsening lung/heart disease)
- Hunger, thirst (**show a snack or drink**) as he/she may not be able to verbalize the need *If diabetic, he/she may have low blood sugar*
- Need to toilet (consider toileting schedules for those who cannot express the need)
- Wearing uncomfortable clothing/shoes
- Medication side effects and/or interactions

## RECOMMENDED COMMUNICATION TECHNIQUES

- **VALIDATION:** (instead of challenging or correcting) these persons generally respond well when "validated", treated with dignity and respect, and given ample time to respond to questions.

**Example:** loved one is pacing, appears agitated, says "I need to get to work"  
**Your response:** "Tell me about your work" OR "What do you enjoy doing at work?" etc.  
**Example:** loved one wants to "find my mother"  
**Your response:** "Tell me about your mother", etc.

**Your loved one may be seeking the "safety" and "comfort" he/she felt in mother's company, rather than literally looking for mother.**

- Speak to your loved one at eye level - if they are sitting, sit or squat so that you are at eye level.
- Speak in a calm voice and slowly.
- Avoid touching him/her or anything they are holding or wearing without first explaining what you are doing, and asking permission to touch.
- Avoid approaching from behind.
- Keep extraneous noise/lights to a minimum.
- Give ample time for responses as it may take your loved one longer to process what you have said or asked.
- Give simple instructions, one small step at a time.
- **DEMONSTRATE** what you are asking your loved one to do. If you are asking him/her to stand, pretend you are sitting. Demonstrate standing up. Your loved one may not remember what your words mean.

## FAMILY ELOPEMENT RISK GUIDE

**60-70% of patients with Alzheimer's disease WILL wander at some point. Be prepared!**  
Can your loved one **walk** or **self-propel** a wheelchair?  
**If YES**, he or she is at risk to become **"lost on foot"**.

Here are some of the **warning signs:**

- Wanting to "go to work"
- Wanting to "go home" even when home
- Difficulty locating the bathroom, bedroom, kitchen, etc.
- Increased confusion or disorientation in a new or changed environment (shopping mall, grocery store, hotel, etc.)

Tips to **prevent** unsupervised wandering and "lost on foot" events:

- Validate your loved one's concerns (do not argue or "correct")
- Ensure that all basic needs are met, such as toileting, hunger, thirst
- Install "soft alarms" to alert you that an exterior door has opened
- Limit fluids before bedtime, and ensure toileting just before bedtime
- Obtain an electronic locator device for the patient to wear at all times
- Install additional locks out of sight, such as high up or very low on doors
- Disguise exit doors with movable screens or murals; install child-proof door knob covers
- Do not leave your loved one's alone in a vehicle at any time; do not leave your loved one's home alone
- Avoid outings to crowded, noisy locations, such as busy shopping malls, large outdoor venues
- Remove "cues" from the home's exit doors such as hat racks, umbrellas, hanging keys, shoes, etc.

## My loved one's profile

Full Name – Nickname	PHOTO
Date of Birth	
Physical Description-height/weight/marks/scars etc. (Attach photo)	
Previous lost on foot event – when? where found?	
Medical conditions	
Critical medications? Seizure meds? Insulin? Heart meds? Breathing meds?	
Language of origin – language most likely to respond to	
Work history – what were his/her "tools"?	
Familiar destinations-church? store? park? landmark? former workplace?	
How does he/she feel about crowds?	
Is he/she likely to head toward or away from the <b>sun</b> ? from <b>water</b> ?	

## OTHER NOTES:

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